PRINTED: 09/10/2014
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45 - 10/25/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445174	A. BUILDING 01 - MAIN BUILDING 01 B. WING ______	09/08/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKHAVEN MANOR	2035 STONEBROOK PLACE KINGSPORT, TN 37660

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to provide separation of hazardous areas from other areas in the facility and failed to have self-closing doors to hazardous areas. The findings include: 1. Observation on September 8, 2014 at 1:40 p.m. revealed the mechanical room beside the dining room is not provided with a door that is self-closing. This room is being used for general storage of combustible materials. 2. Observation on September 8, 2014 11:50 a.m. revealed the sprinkler riser room door and the dry storage room door is being propped open for convenience of using the rooms. These finding were verified by the maintenance director and acknowledged by the administrator during the exit conference on September 8, 2014. NFPA 101 19.3.2.1	K 029	K 029 1. The mechanical room door as identified was fitted with necessary, approved hardware to ensure that the door was self-closing. Repair completed by Director of Maintenance on 9/11/2014. 2. Sprinkler riser room and dry storage room doors were immediately closed upon discovery. Dietary Manager informed of closure requirement. In-service by CDM on 09/8-10/2014 communicated to all dietary staff the requirement to maintain continued closure of sprinkler room door and to maintain closure of dry storage room door after each use.	9/11/14
K 061	NFPA 101 LIFE SAFETY CODE STANDARD	K 061		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: William Michael Taylor TITLE: Administrator (X6) DATE: 9/26/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 061 SS=D	Continued From page 1 Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to have control valves for the sprinkler riser electronically supervised so that a signal sounds and is displayed at a continuously monitored location. The findings include: Observation on September 8, 2014 at 2:10 p.m. revealed that the sprinkler riser in the 400 wing has 2 control valves, both valves are outside stem and yoke valves (OS&Y), which are not electronically supervised. NFPA 101 19.3.5.1, 9.7.2.1* This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on September 8, 2014.	K 061	K 061 Premier Fire Protection Inc., the facilities sprinkler system contractor, was contacted on 09/15/2014 by the Director of Maintenance regarding installation of electronically supervised control valves for two sprinkler risers on the 400 wing. Installation of alarm controls has been scheduled and will be completed on or before the compliance date established in the 2567 of October 25, 2014.	10/24/14
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062	K 062 Premier Fire Protection Inc., the facilities sprinkler system contractor, was contacted on 09/15/2014 by the Director of Maintenance regarding replacement of four (4) sprinkler heads under the porch at the designated resident smoking area that were identified as corroded and tarnished. Replacement of sprinkler heads has been scheduled and will be completed on or before the compliance date established in the 2567 of October 25, 2014.	10/24/14

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K 062	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to maintain the automatic sprinkler system. The findings include: Observation on September 8, 2014 at 10:30 a.m. revealed 4 of 4 sprinkler heads under the porch at the designated resident smoking area are corroded and tarnished. NFPA 25 2-2.1.1* This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on September 8, 2014.	K 062		
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover	K 066	K 066 The required and approved metal containers with self closing lids for ash tray content disposal has been ordered for the resident and staff smoking areas by the Director of Maintenance. Approved replacement containers will be in place on or before the compliance date established in the 2567 of October 25, 2014.	10/24/14

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K 066	Continued From page 3 devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to provide metal containers with self-closing lids into which ashtrays can be emptied into. The findings include: Observation and interview with the maintenance director on September 8, 2014 at 10:35 a.m. revealed the resident and staff smoking areas are not provided with metal containers with self-closing lids into which ashtrays can be emptied into. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on September 8, 2014.	K 066		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to have kitchen upblast fans hinged. The findings include:	K 069	K 069 This citation was open pending the verification of the current building code in affect at the time building was built. The facilities Maintenance Director met with the Building Department, City of Kingsport on 09/12/2014 with the facilities original blue prints where it was verified that at the time of construction the Standard Mechanical Code 1982 Edition was in affect and the facility met these requirements upon final inspection and completion of construction. It was indicated that	10/24/14

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K 069	Continued From page 4 Observation on September 8, 2014 at 2:35 p.m. revealed 2 of 2 upblast fans for the kitchen hood are not hinged for cleaning and maintenance. NFPA 99 4-8.2.1, 5-1.1* This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on September 8, 2014.	K 069	if the up blast fans for the kitchen were upgraded of required replacement due to mechanical failure, the new enforcement code requiring hinges, in NFPA 99 4-8.2.1, 5-1.1 would be required.	
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to maintain fire rated walls. The findings include: Observation on September 8, 2014 at 3:05 p.m. revealed the 4 hour fire wall above ceiling by the MDS office and the administrator's office has unsealed penetrations and unapproved fire stopping material. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on September 8, 2014. 8.2.3.2.4.2* Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be protected as follows: (1)The space between the penetrating item and the fire barrier shall meet one of the following	K 130	K 130 The penetrations identified in the four (4) hour fire wall in the ceiling above the MDS office and the administrator's office as having unsealed penetrations and/or unapproved fire stopping material will be sealed or replaced with approved fire stopping material. Repairs will be initiated by the facilities Director of Maintenance. Approved repairs will be completed on or before the compliance date established in the 2567 of October 25, 2014.	10/24/14

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K 130	Continued From page 5 conditions: a.It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier. b.It shall be protected by an approved device that is designed for the specific purpose. (2)Where the penetrating item uses a sleeve to penetrate the fire barrier, the sleeve shall be solidly set in the fire barrier, and the space between the item and the sleeve shall meet one of the following conditions: a.It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier. b.It shall be protected by an approved device that is designed for the specific purpose. (3)* Insulation and coverings for pipes and ducts shall not pass through the fire barrier unless one of the following conditions is met: a.The material shall be capable of maintaining the fire resistance of the fire barrier. b.The material shall be protected by an approved device that is designed for the specific purpose. (4)Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions: a.It shall be made on either side of the fire barrier. b.It shall be made by an approved device that is designed for the specific purpose.	K 130		